



**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016**

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. <b>001001534</b>		2. Exact name of the limited liability company <b>BlueJay Equity, LLC</b>		3. NAICS Code <b>52</b>	
4. Brief description of the character of the business which is actually conducted in Rhode Island <b>hard money lending</b>				5. State of Formation <b>Rhode Island</b>	
6. Principal office address <b>1 Garnett Lane Unit 3</b>			City <b>Greenville</b>	State <b>RI</b>	Zip <b>02818</b>
7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Eric M. Covino</b>			Contact Title <b>Manager</b>		
Street Address <b>400 Putnam Pike Ste. J #242</b>			City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>
8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY (IF APPLICABLE - DO NOT LIST MEMBERS. FILE IN SPACES BEFORE USING ATTACHMENT BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>Eric M. Covino</b>			Manager Name		
Street Address <b>400 Putnam Pike Ste. J #242</b>			Street Address		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11Orson and Brusini Ltd.					

**FILED** *02*

FEB 22 2017

*341*

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

*[Signature]* *2/14/17*  
Signature of Authorized Person Date

**Eric M. Covino, Manager**

Print or Type Name of Authorized Person

File Date
Check No.
By:
FOR SECRETARY OF STATE USE ONLY